

| CLAIMS ONLY | | | | | | | SERIAL NO. | | FILING DATE | |
|--------------|----------|------|------------------------|------|------------------------|------|--------------|------|-------------|------|
| | | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | IND. | DEP. | IND. | DEP. |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | |
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| TOTAL IND. | 5 | | ↓ | | | ↓ | | | | |
| TOTAL DEP. | 35 | ↔ | | ↔ | | ↔ | | | | |
| TOTAL CLAIMS | 40 | | | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy